

RA/TWA Data Sheet Instructions

The RA/TWA Acceptance Data Sheet should be completed and submitting it to the Budget Office each time a reimbursable agreement is formalized or a TWA is established. For a TWA, the user should complete only the bold, italicized fields. The information cited on this form will be used by the Budget Office as the basis for establishing the allotment. The Budget Office will allot the funds to the LO with primary responsibility for the reimbursable agreement. It is the responsibility of the primary LO to allot funds to other participating LOs using the BOP transfer functionality. A copy of this form should also be sent to the Finance Office along with a copy of the reimbursable agreement. Finance will use the information contained on this form for billing purposes.

<u>Field</u>	<u>Description</u>
<i>Reimbursable Agreement or TWA Number</i>	The reimbursable agreement number from the reimbursable agreement document or the number used to identify the customer's letter of intent or other documentation supporting the TWA.
<i>RA Modification Number</i>	The modification number (may be referred to as amendment number) from the reimbursable agreement document.
<i>Agreement or TWA Amount</i>	The dollar amount of the reimbursable agreement or TWA.
Mod Amount	The dollar amount of the modification to the reimbursable agreement.
Legal Authority is 42 USC 4222 Y or N	If the reimbursable agreement has been established under this legal authority, circle Y for yes. Otherwise, circle N for no.
Economy Act Order Y or N	If the reimbursable agreement has been established under the Economy Act, circle Y for yes. Otherwise, circle N for no.
<u>Dates:</u>	
Order	The date of the reimbursable agreement.
Accepted	The date the reimbursable agreement was accepted by NOAA.
Termination	The ending date of the reimbursable agreement.
<i>Period of Performance</i>	The beginning and ending dates for the reimbursable agreement or the TWA.

Renewal restrictions (if any):	Any circumstances that may prevent the renewal of this agreement.
<u>Customer Information:</u> <i>Customer Name</i>	Name of the customer sponsoring the reimbursable agreement or who is expected to fund the temporary work authority. (Sponsor is a common reimbursable agreement term for Customer.)
Billing Contact Name	Name of the person to be contacted on the customer's end for billing questions.
Billing Contact Phone Number	Telephone number for the customer's billing contact.
<i>Program Contact Name</i>	Name of the customer's point of contact at the program level.
<i>Program Contact Phone Number</i>	Telephone number for the customer's point of contact at the program level.
<i>Customer Type</i>	<p>Check the appropriate box. Customers are defined as follows:</p> <p>Federal Agency - An agency of the U.S. Federal Government.</p> <p>Commercial - A domestic, non-federal organization, excluding state and local government agencies.</p> <p>State/Local Government - Agencies under state and local governments authority.</p> <p>Foreign - Commercial - Organizations within a country other than the United States, excluding foreign government organizations.</p> <p>Foreign - Government - Government organizations for countries other than the United States.</p>
Acceptance Address	Customer's address to which the acceptance copy of the reimbursable agreement should be sent.
Billing Address	Customer's address to which the bill should be mailed.
Financial Reporting Address (if applicable)	Customer's address to which the financial report (if one is required by the reimbursable agreement) should be mailed.
Billing Details (check one): Full Advance (PPD)	Check this box if the customer will make full payment prior to the initiation of the reimbursable work.

Incremental Advance Billings (ADV)	Check this box if the customer will make incremental payments in advance of the reimbursable work being performed.
Bill for accrued costs (WIP)	Check this box if the customer is to be billed on a quarterly basis.
Special Billing (see Page 2)	Check this box if the reimbursable agreement requires billing that does not fit into one of the three methods described above, such as billing by specific milestones or at completion of the work. The billing details should be described under Special Requirements on page 2.
How will funds be transferred?	Explain if the funds will be sent by check, wire transfer, etc.
<u>IPAC Required Information:</u> Agency Location Code	The eight digit identifier assigned to Government agencies by the Treasury Dept. for agencies to use in transferring cash through the Intra-Governmental Payment and Collection System (IPAC).
Treasury Account Symbol	Treasury defined account number assigned to Government agencies to classify transactions. It is usually 6-8 digits and is made up of the agency code, type of appropriation and fund number.
Accounting Data and Appropriation Symbol	Data required by the customer to be printed on its billing documents in order for the customer to properly process and pay the bill.
<i>FMC (Organization Code)</i>	The first two positions (a total of four digits) of the CAMS organization with primary responsibility for the reimbursable agreement.
<i>Projects</i>	The seven digit CAMS code which replaces the task code used in FIMA.
<i>Current Year Amount</i>	The entire TWA amount or the portion of the agreement funding that is budgeted for use in the current fiscal year.
Amount Reserved for Future Year	The portion of the available agreement funding that is reserved under the agreement for use in future fiscal years.

Allotment Distribution for Above Project:

Indicate the amount that the Budget Office should allot to the project for the quarter indicated (1st, 2nd, 3rd, and 4th). The sum of the four quarters should equal the total amount of the funding for this agreement/modification.transaction.

Note: The Budget Office will allot the funds to the LO with primary responsibility for the reimbursable agreement. It is the responsibility of this primary LO to then allot to other participating LOs using the BOP transfer functionality.

Line Office Contacts:

Billing Contact Name

The NOAA contact person for problems and questions about billing for the reimbursable agreement (may be the task manager).

Phone Number

The telephone number for the NOAA billing contact described above.

Program Contact Name

The NOAA task manager's name.

Phone Number

The NOAA task manager's telephone number.

Organization Code

The organization code for the task manager.

Special Requirements

Explain here any special billing requirements that are not covered by the standard billing methods described above.

Include here the amount of an approved waiver request, if appropriate. The approved waiver request must be received by the Finance Office.

TWA Certification Section:

Related Direct Project

The direct project that relates to the work performed under the TWA should be cited.

NOAA TWA Accepting Official

Signature of the official who accepts the TWA on behalf of NOAA along with their typed or printed name, title and date of signature.

Reimbursable Agreement Certification Section:
Related Direct Project

The direct project that relates to the work performed under the reimbursable agreement should be cited.

NOAA Reimbursable Agreement Accepting
Official

Signature of the official who signs the agreement on behalf of NOAA along with their typed or printed name, title and date of signature.

CFO Certification Section:

Description of the Critical Services

The nature of the critical services should be detailed here.

Related Direct Project to be charged:

The direct project that relates to the critical services performed should be cited.

CFO Signature

Signature of the CFO and date of signature.